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6/26/02

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

James M. Wilson et al

Appln. No. 09/757,673

Filed: January 10, 2001

For: METHOD FOR RECOMBINANT  
ADENO-ASSOCIATED VIRUS-  
DIRECTED GENE THERAPY

Assistant Commissioner for Patents  
Washington, DC 20231

) Group Art Unit: 1632

)

) Examiner: R. Shukla

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) June 10, 2002

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LETTER

Sir:

Applicants and the undersigned attorney herewith submit a Supplemental Declaration for the purpose of updating the current residence address for one of the co-inventors of the above-identified patent application.

The Director of the U. S. Patent and Trademark Office is hereby authorized to charge any deficiency in any fees due with the filing of this paper or credit any overpayment in any fees paid on the filing, or during prosecution of this application to Deposit Account No. 08-3040.

Respectfully submitted,  
HOWSON AND HOWSON  
Attorneys for the Applicants

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CERTIFICATE UNDER 37 CFR §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: the Assistant Commissioner for Patents, Washington, DC 20231 on June 10, 2002.

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Typed or printed name Debra N. Gerstermeier

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FORM

(to be used for all correspondence after initial filing)

		Application Number	09/757,673
		Filing Date	01/10/2001
		First Named Inventor	James M. Wilson et al
		Group Art Unit	1632
		Examiner Name	R. Shukla
Total Number of Pages in This Submission	4	Attorney Docket Number	JUN 1 2001 GNVPN.019B1USA TECH CENTER 1600

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1 pg. Letter 2 pgs. Supplemental Declaration
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Cathy A. Kodroff, Esquire Howson and Howson
Signature	
Date	6/10/02

CERTIFICATE OF MAILING

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Typed or printed name	Lynn Brown		
Signature		Date	6/10/02

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